

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516983

FILING DATE

APPLICANT(S)

10/516985

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11						
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25	1					
26	1					
27			1			
28				1		
29						
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32						
33						
34			1			
35						
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46						
47						
48						
49			1			
50						
TOTAL IND.	5	↓	4	↓		↓
TOTAL DEP.	22	←	20	←		←
TOTAL CLAIMS	27		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						